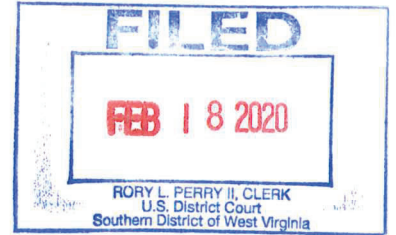


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA



Shawn Michael Summers

3528569

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:20-cv-134
(Number to be assigned by Court)

South Central Regional Jail

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No X

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

-
3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

-
6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: South Central Regional Jail

A. Is there a prisoner grievance procedure in this institution?

Yes X No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes X No _____

C. If you answer is YES:

1. What steps did you take? Filed Inquiry on 5/15/19
on charges still being held on.

2. What was the result? Responded 5/21/19 by Lt. Terry said
still being held on those charges.

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Shawn Michael Summers 3528569

Address: 1601 Centre Way SC, WV 25309

B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: South Central Regional Jail

is employed as: _____

at _____

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On 4/30/19 I was incarcerated on Fraudulent Use of
Access Device 19-F-297 and Fleeing on Foot and went to my
preliminary Hearing on 5/19/19 and state didn't have enough
evidence to proceed. I wasn't released on 5/15/19 I put in
inquiry on Kiosk I didn't receive response till 5/21/19.
By Lt. Terry stating I was still held on charges I then
contacted my lawyer he contacted the Court and on
5/24/19 Lt. Terry came and gave me immediate release.

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

Wrongful Incarceration Compensation for the dates from 5/9/19 to 5/24/19 + mental anguish + pain and suffering

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____

No X

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: _____

- C. Have you previously had a lawyer representing you in a civil action in this court?

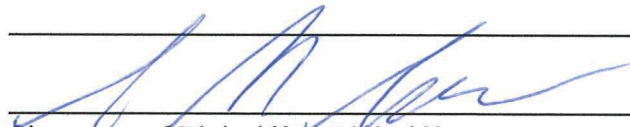
Yes _____

No X

If so, state the lawyer's name and address:

Signed this 5th day of February, 20 20.

Shawn Michael Summers
3528569


Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/5/20
(Date)


Signature of Movant/Plaintiff

Signature of Attorney
(if any)